

Exhibit 2

Report of

Dr. Thomas Albus, M.D.

Thomas Albus, M.D.
American Board of Orthopedic Surgery

601 Franklin Avenue, Suite 215, Garden City, NY 11530

Date of Exam: 12/7/2021
Report Date: 12/13/2021

CorVel Corporation, New York
320 Carleton Avenue, Ste. 4800
Central Islip, NY 11722

INDEPENDENT MEDICAL EXAMINATION

Claimant: [REDACTED]
Date of Loss: 12/22/2020
WCB#: [REDACTED]
Carrier Case#: [REDACTED]
Insurer [REDACTED]
Employer [REDACTED]
Company #: [REDACTED]
Exam Type: Worker's Compensation IME
Specialty: Orthopedic

To Whom It May Concern:

As per your request, I performed an independent orthopedic examination on the above claimant on December 7, 2021. The claimant presented valid photo identification. It was verified. The examination was performed in the presence of medical assistant Kenya. The claimant was accompanied by an interpreter.

The examination was performed by considering all the CDC guidelines in view of Covid-19 pandemic. Claimant's temperature was taken upon arrival. The examination table and chairs were sanitized before the claimant entered the room. Masks were worn by the claimant, assistant, and doctor.

My findings of the examination are as follows:

PRESENT COMPLAINTS:

Claimant was seen today for injuries to the: Neck, lower back, left shoulder, left hand and left knee.

CLAIMANT HISTORY:

Interpreter services were used to obtain the claimant's history. The obtained history is further supported by the medical records. This is a 21-year-old right-handed male who was involved in a work related incident on 12/22/2020. The claimant, at the time of the injury, was working as a Construction Worker. The claimant states that he sustained injuries to the head, neck, lower back, right shoulder, left shoulder, left hand and left knee when he was working at the construction site. He states that he was holding a ladder for his coworker when the wooden plank suddenly fell on his head, neck and left shoulder and

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hand causing him to fall on his left knee. The claimant visited the ER at Maimonides Hospital 4 days after the accident, where he was examined, treated and discharged on the same day with a neck collar.

Since the date of the incident, the claimant has been seen and treated by a pain management specialist. The claimant has undergone several diagnostic tests including MRI's for the neck, back, left knee and left shoulder. The claimant started conservative care post-incident with physical therapy and chiropractic care. The claimant has received injections for the lower back. The claimant denies undergoing surgery post-incident. Presently, the claimant is receiving physical therapy 3 times a week, which he reports is helping him.

PAST MEDICAL & SURGICAL HISTORY:

Pre-existing Medical Conditions: None reported.

Previous Surgeries (unrelated to this incident): None reported.

Prior MVA / WC injuries: None reported.

Current Medications: Naproxen, Amitriptyline and Meloxicam.

SUBSEQUENT INJURIES:

Claimant denies subsequent injuries after the incident.

OCCUPATION / ADL's:

The claimant, at the time of the injury, was working as a Construction Worker.

Claimant has not returned to work after the injury due to pain.

The claimant is able to perform most activities of daily living (grooming, bathing and toileting) and most daily chores (Washing dishes, cooking, gardening, shopping, sweeping and vacuuming) without any assistance. He reports that he requires assistance to perform tasks like dressing (mainly needs help with tying and untying his shoes) and washing clothes.

REVIEW OF MEDICAL RECORDS:

- MG-2 forms.
- MG-2.1 forms.
- IME report dated 8/31/2021 by Thomas Albus, M.D.
- IME report dated 8/24/2021 by Daniel O'Connell, M.D.
- MRI of left shoulder without contrast dated 1/21/2021 submitted by Thomas M. Kolb, M.D.
Impression: 1. Normal MRI of the left shoulder.
- MRI of left knee without contrast dated 1/21/2021 submitted by Thomas M. Kolb, M.D.
Impression: 1. Partial tear of the anterior cruciate ligament. Joint effusion.

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- MRI of cervical spine without contrast dated 1/20/2021 submitted by Thomas M. Kolb, M.D.
Impression: 1. Normal MRI of the cervical spine.
- MRI of lumbar spine without contrast dated 1/20/2021 submitted by Thomas M. Kolb, M.D.
Impression: 1. Shallow left foraminal disc herniation at L4-5 impinging upon the exiting left L4 nerve root Clinical correlation is in order.
- Brainstem auditory evoked potential report dated 1/8/2021 submitted by Aric Hausknecht, M.D.
Impression: 1. This is a normal brainstem evoked potential report.
- Functional capacity- impairment rating report dated 8/30/2021 by Elsayed Abdelhady, PT
- Follow-up notes dated 8/3/2021 through 9/27/2021 by Chaim Mandelbaum, M.D.
- ROM report dated 6/8/2021.
- MMT report dated 6/1/2021 to 10/18/2021.
- ROM/MMT report dated 5/19/2021 through 10/13/2021.
- MyoVision static graphic report dated 4/23/2021.
- Telemedicine evaluation and management note dated 2/18/2021 by Aric Hausknecht, M.D.
- Neurobehavioral status exam report dated 2/17/2021 by Aric Hausknecht, M.D.
- Montreal cognitive assessment (MOCA) report dated 2/17/2021.
- Chiropractic notes from 1/12/2021 through 11/1/2021.
- Initial evaluation note dated 1/8/2021 by Aric Hausknecht, M.D.

PHYSICAL EXAMINATION:

Age: 21 years; Height: 5'5"; Eye color: Black; Hair color: Black; Right-Handed

Range of motion measurements were taken with the aid of a standard hand-held goniometer. When appropriate, range of motion was measured 3 times.

The claimant is observed using a cane to ambulate.

Examination of Cervical Spine

No cervical/Trapezius pain.

Shoulder shrug is normal.

Finger flexion, extension, abduction, adduction done normally.

Cervical Spine Range of Motion

Range of Motion	Claimant
Extension (70)	52
Flexion (90)	38
Rotation to right (90)	40
Rotation to left (90)	40
Lateral Flexion (right) (45)	26
Lateral Flexion (left) (45)	26

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Examination of Lumbar Spine

Tenderness to Palpation at: None

Straight Leg Raise Test Right: Neg

Straight Leg Raise Test Left: Neg

Heel and Toe standing done normally.

Extensor Hallucis longus function intact bilaterally.

Lumbar Spine Range of Motion

Active Range of Motion	Claimant
Flexion (60)	55
Extension (25)	20
Lateral Bending (right) (25)	25
Lateral Bending (left) (25)	25

Examination of Shoulder

Examination of the Shoulder revealed no tenderness to palpation; there was no effusion.

Muscle atrophy was not seen. There was no crepitus noted. Impingement sign was negative.

Shoulder Range of Motion

Range of Motion	Left
Abduction (180)	130
Adduction (30)	42
Forward Flexion (180)	152
Extension (60)	34
Internal Rotation (70)	60
External Rotation (90)	90

Examination of Wrist/Hand

Tenderness to Palpation at: None

Tinel's sign: Negative

Phalen's sign: Negative

Thenar eminence atrophy: Not seen.

There were no abnormal findings on today's examination for the left hand.

Wrist/Hand Range of Motion

Range of Motion	Left
Pronation (wrist) (90)	90
Supination (wrist) (90)	90
Dorsiflexion (wrist) (70)	45
Volar Flexion (wrist) (80)	30
Radial Deviation (20)	10
Ulnar Deviation (30)	20

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Examination of Knee

No medial or lateral joint line pain.

Patella is located centrally.

Lachman Test: Neg

No evidence of no ligament instability in either knee.

Knee Range of Motion

Range of Motion	Left	Right
Flexion (140)	115	115
Extension (0)	0	0

Non-orthopedic complaints are deferred to the respective specialty.

IMPRESSION / DIAGNOSIS:

- Neck - Cervical strain.
- Musculoligamentous back strain,
- Left shoulder strain.
- Left hand strain - no abnormal findings on today's examination.
- Left knee strain.

CAUSALITY:

After reviewing the medical records, taking a history and performing a physical examination, it appears with a reasonable degree of medical certainty that the above-diagnosed injuries are causally related to the accident of record.

The claimant does not report any pre-existing conditions or injuries that could impact the status or progress of the above-diagnosed injuries.

DISABILITY:

Based on today's examination, there is no (0%) degree of causally related temporary disability.

ABILITY TO WORK / WORK RESTRICTIONS:

The claimant has not returned to work after the incident.

According to today's examination, the claimant could return to her pre-injury work at full duty without any restrictions on 12/8/2021.

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TREATMENT / DISCUSSION:

Based upon evaluation as well as review of medical records, the claimant would not benefit from additional medical treatment, physical therapy, diagnostic testing, evaluations, or surgery. There is no need for further treatment at this time.

There was no doctor patient relationship established during today's encounter. There was no existing doctor patient relationship.

My assessment is in accordance with the New York State Workers' Compensation Board Guidelines effective 12/15/14 Treatment Guidelines, the New York State Guidelines for Determining Permanent Impairment and Loss of Wage-Earning Capacity, January 2012, as well as the New York State Workers' Compensation Guidelines for Determining Impairment effective 1/1/18.

Pursuant to CPLR 2106, I, Thomas Albus, MD is a Diplomate of the American Board of Orthopedic Surgeons are duly licensed to practice medicine in the State of New York. I affirm, under the penalties of perjury, that the information contained within this document was prepared and is the work product of the undersigned, and is true to the best of my knowledge and information.

This report is a full and truthful representation of my professional opinion with respect to the claimant's condition in accordance with Workers' Compensation Law Sections 13-a (4)(e)(i), 13-k (3)(e)(i), 13-l (3)(e)(i) or 13-m (4)(e)(i), as appropriate. No person or entity has caused, directed or encouraged me to submit a report that differs substantially from my professional opinion. I have reviewed the report and attest to its accuracy.

With reasonable notice, I am available to testify, by appointment, should the need arise.

Sincerely,



Thomas Albus, MD
Board Certified in Orthopedics
License# 290960